## **SECURITY DEPOSIT**

## CITY SERVICES ~ Water/Sewer/Refuse

CITY OF TITUSVILLE CITY SERVICES DEPT - 107 N. Franklin St ~ Titusville, PA 16354 ~ (814) 827-5300 x 315 ~ Fax (814) 827-4359

A SECURITY DEPOSIT of \$100.00 IS DUE WHEN OPENING A NEW ACCOUNT and is returned (with NO interest) at the end of ONE (1) YEAR IF YOUR ACCOUNT IS CURRENT WHEN THE ONE YEAR TIME PERIOD IS UP. Security Deposits will be paid only to the person named below and responsible for the account. Water Service will continue under this application unless we receive a request for a final meter reading and forwarding address information.

THERE IS A ONE TIME / NON-REFUNDABLE \$25.00 NEW ACCOUNT SET UP FEE THAT IS DUE WHEN OPENING AN ACCOUNT. THIS FEE WILL BE ON YOUR FIRST BILL LISTED AS "New Account Charge-WATER \$12.50" and "New Account Charge-SEWER \$12.50".

IF YOU MOVE within a year and continue to be a City Service customer, the deposit will carry over to your new address. Your final bill must be paid in full before you can have City Services at another location. IF YOU MOVE within a year and are NO LONGER a customer the Security Deposit will be applied to the balance due and a refund will be issued for any credit balance left on the account. THERE IS A \$25.00 MOVING FEE that will be assessed each and every time you move. This fee will also be separated out on your first bill at your new address.

Account Number		Service Start Date		
Customer Water Service Location Information		Customer Address fo	Customer Address for Sending Bill (if different)	
Customer N	lame	Customer Name		
Ado	dress	Address		
City, State	e, Zip TITUSVILLE PA 16354	City, State, Zip		
Phone Nur	mber	Rent 🗌	Own	
Cell Number		Have you held Titusville services in your name?		
Email Address		At what address?		
Emergency Contact Name  Phone Number			Copy Photo ID Here	
Landlord Information (Complete only (if renting)				
Phone Number				
Additional adult tenan	t(s) (Complete only if renting)		ords are notified of any delinquency and will ormation if requested.	
Customer Signature Date		Pa	** Office Use Only** sh / Check # id By te rcvd /	